



Social Skills Group Application

Dear Parents and Caregivers:

Welcome to the Social Skills Groups at Breakthrough Behavior. We have a great session planned for your child and look forward to your participation!

Our groups follow a guided Social Skills curriculum through the TeachTown® program. TeachTown® Social Skills offers a comprehensive curriculum with a focus on increasing emotional intelligence and building self-management abilities. This program utilizes evidence-based practices, such as video modeling, Peer-Mediated Instruction and Intervention, and visual supports to teach appropriate, positive social skills and replacement behaviors. TeachTown® Social Skills includes:

- Teacher-driven lesson plans that encourage the participants to practice the appropriate social skills in the school and home setting along with their peers
- Interactive activities to build comprehension
- An online Comic Strip Builder where students can build their own social comics.

Our social skills groups are held each quarter with each session lasting 10 weeks.

Rates for Social Skills Groups

- Session per participant \$150
- Each additional child in household \$75

To register your child for the upcoming session, please complete the Social Skills Group Application and submit with payment in full. Please contact our office administrator Brandi Harris with any additional questions at bharris@breakthroughbehavior.com. We look forward to having your child participate in our group.

Warmest regards,

A handwritten signature in black ink that reads "Maegen Pierce".

Maegen Pierce, M.A. BCBA
Founder and Executive Director



Social Skills Group Application

Office Use Only
• New • Ret
Amount Paid: ___ Date: ___

Personal Information

Participant's Name:			
DOB:	Grade:	Age:	Gender:
Address:	City:	State:	Zip:
Diagnosis: • Autism	• Asperger's	• Developmental Delay	• Other: _____

Parent/Legal Guardian Information			
Parent #1 Name:		Relationship:	
Address:	City:	State:	Zip:
Email:		Phone Number:	
Parent #2 Name:		Relationship:	
Address:	City:	State:	Zip:
Email:		Phone Number:	

What social skills group would you like your child to participate in?			
• K-2nd Grade	• 3rd -5th Grade	• Middle School	• High School

Emergency Contact Name:		
Relationship:	Home #:	Cell #:

Physician's Name:	Phone #:
Current Medications:	
Allergies:	
Food Restrictions:	
Other:	
In case of an emergency, I understand that every effort will be made to contact me or the contact person listed above. If I cannot be reached, I understand that Breakthrough Behavior staff will use a standard 911 emergency protocol and have my child taken to the nearest hospital.	
Signature of Parent/Guardian:	Date:



Social Skills Group Application

Participant Name: _____

Please help us get to know your child by providing us with the following information.

Support Network

Is your child receiving any of the following services?

- Applied Behavior Analysis (ABA) Therapy
- Occupational Therapy
- Speech Therapy
- Other: _____

School Information

- School Name: _____ District: _____
- School Type: • Home School • Private School • Public School
- Does your child have an Individual Education Plan (IEP)? • Yes • No
- What type of classroom is your child in? • Mainstream • Inclusion • Self-Contained • Other
- Does your child have a 1:1 classroom assistant? • Yes • No

Has your child had experience (past or present) with any of the following:

- Visual Schedules
- First/Then Boards
- Social Stories
- Work Systems
- Other: _____
- Chewing Gum
- Headphones
- Relaxation protocols
- Weighted materials

What are your child's favorite activities or interests (movies, characters, foods, games, music)?

Does your child have any specific dislikes (sounds, smells, touch, movement, etc.)?

Social Emotional (Please check all that apply to your child)

My child has difficulty:

- Engaging in play or leisure activities with peers
- Taking turns/sharing
- Maintaining personal space of self/others
- Commenting on the environment to others (describes, labels, names)
- Engaging in activities that are not highly preferred
- Recognizing how his/her behavior affects others
- Identifying problems/conflicts
- Recognizing his/her own emotions
- Identifying solutions and potential consequences to problems/conflicts
- Recognizing other's emotions
- Utilizing appropriate coping strategies when upset



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Communication Level (check all that apply to your child)

My child:

- Is verbal
- Is nonverbal
- Uses an augmentative communication system/device (please specify):
- Follows verbal/nonverbal directions
- Utilizes visual supports to follow directions
- Indicates his/her likes and dislikes
- Makes requests for his/her basic wants and needs

Challenging Behaviors (check all that apply to your child and describe as needed)

My child may:

- Run away
- Act aggressively towards self/others: _____
- Shut down/withdrawal
- Be non-compliant
- Inappropriately touch self/others
- Is self-injurious: _____
- Other: _____

Sensory (check all that apply to your child)

My child:

- Avoids or seeks touch from others (indicate which one by circling)
- Avoids or seeks messy play such as playdoh, glue, paint (indicate which one by circling)
- Plays rough in leisure play
- Avoids participation in sports or active games
- Craves or avoids movement (indicate which one by circling)
- Seems in be in constant motions (loves spinning, swinging, being upside down)
- Cannot process or tolerate extremes of intensity such as color, light, etc.
- Is over or under sensitive to sounds (indicate which one by circling)
- Eats non-edible items
- Dislikes strong smells or tastes

Photo Release

Breakthrough Behavior has an open pictures policy. Children attending groups may have their pictures and/or video taken. Pictures/videos may be used for training purposes, program development, marketing and including, but not limited to, newspaper articles, television promotions, brochures, social media (Facebook, YouTube, etc.) and other Breakthrough Behavior marketing needs.

I understand that by signing below I agree to the open pictures policy.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Child's Name: _____



Social Skills Group Application

Agreement for Payment

Breakthrough Behavior provides social skills groups and specialized treatment for children through established fee structures. **The fee is \$150 per session. This fee will be prorated in the event that your child is placed in a group after the start date of that session. Additional fees (such as material costs, outings, etc.) may apply depending on the specific group. You will be notified at the time of placement.**

PLEASE NOTE: Payment is due one week prior to first day

Method of Payment for \$150 Session Fee

• Check	• Money Order	Amount enclosed:
• Credit Card # _____		Exp. Date: _____ CVV: _____
Cardholder's Name:		
Cardholder's Billing Address:		
<i>I authorize Breakthrough Behavior to process my payment as indicated above.</i>		
Parent/Guardian Signature:		Date: